



**STATE PLUMBING BOARD OF LOUISIANA**

**STATEWIDE PERSONNEL POLICY NO. 2**

**EFFECTIVE DATE:** July 28, 2014

**REVISED DATE:** September 20, 2021; March 21, 2022; August 22, 2022

**SUBJECT:** American with Disabilities Act (ADA)

**AUTHORIZATION:**

  
\_\_\_\_\_  
**Ashley Tullier, Executive Director**

**I. POLICY:**

The State Plumbing Board of Louisiana (SPBLA) is fully committed to ensuring compliance with the requirements of the Americans with Disabilities Act and its Amending Act of 2008 (collectively ADA) to include:

- Title I: Prohibits discrimination against qualified individuals with disabilities in all employment practices, including recruitment, hiring, advancement, compensation, fringe benefits, job training and other terms, conditions, and privileges of employment. Upon request, SPBLA shall engage in an interactive process and may approve a reasonable accommodation, unless the Requestor is not a qualified individual; doing so poses an undue hardship to the agency; or poses a direct threat to the health or safety of the individual with a disability or others.
- Title II: Ensures qualified individuals with disabilities have equal access to the full range of programs, services, activities, and facilities of the agency. Upon request, SPBLA may provide a reasonable accommodation, unless the Requestor is not a qualified individual; doing so would fundamentally alter the nature of the agency's service, program, or activity; or poses a direct threat to the health or safety of the individual with a disability or others.

**II. PURPOSE:**

The purpose of this policy is to outline SPBLA's standards and procedures for purposes of ADA compliance.

**III. APPLICABILITY:**

This policy applies to all SPBLA employees, applicants for employment, and members of the general public that receive services from SPBLA.

**IV. DEFINITIONS:**

- a. **Disability:** Under the ADA, an individual with a disability is a person who:

- i. Has a physical or mental impairment that substantially limits one or more major life activities;
  - ii. Has a record of such impairment; or
  - iii. Is regarded as having such impairment as described in item #1 above.
- b. **Impairment:** Any physiological, mental, or psychological disorder or condition, including those that are episodic or in remission, that substantially limits one or more major life activities when active.
- c. **Substantially Limits:** An impairment that prevents the ability of an individual to perform one or more major life activities as compared to most people in the general population when taking into consideration factors such as the nature, severity, duration, and long-term impact of the condition. Such consideration must be regardless of any mitigating measures such as modifications, auxiliary aids or medications used to lessen the effects of the condition (except for use of ordinary eyeglasses or contact lenses).
- d. **Major Life Activities:**
  - i. Generally, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and
  - ii. The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.
- e. **Essential Functions:** The fundamental and primary job duties of a position. Considerations in determining whether a function is essential include such factors as the written job description; whether the reason the position exists is to perform that function; the limited number of employees available to perform that function; and the degree of expertise required to perform the function.
- f. **Qualified Individual:**
  - i. Under Title I, an individual with a disability who meets the requisite skill, experience, and education requirements for the position and who can perform the essential functions of the position held or applied for, with or without reasonable accommodation(s).
  - ii. Under Title II, an individual with a disability who meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by SPBLA, with or without reasonable accommodation(s).
- g. **Reasonable Accommodations:**
  - i. Under Title I, a modification or adjustment to the work environment that will enable a qualified individual with a disability to:
    1. Participate in the testing, application and/or interview process;

- 2. Perform the essential functions of the job; or
- 3. Provide equal opportunity to the benefits and privileges of employment.
- ii. Under Title II, a modification that permits an individual with a disability to effectively communicate with SPBLA and/or ensure equal opportunity relative to SPBLA's programs, services, activities, and facilities.
- h. **Undue Hardship:** An accommodation that would be unduly costly, extensive, substantial, or disruptive, in light of factors such as the size of the agency, the resources available and the nature of the agency's business operations.
- i. **Direct Threat:** A significant risk of substantial harm to the health or safety of an individual with a disability or others that cannot be eliminated or reduced by reasonable accommodation.
- j. **ADA Coordinator:** The SPBLA representative responsible for facilitating the interactive, evaluation process relative to any request for accommodation, whose name and contact information is provided below.

**Name:** DaKacia York  
**Section:** Human Resources Department  
**Address:** 11304 Cloverland Ave. Baton Rouge, La 70809  
**Phone #:** (225) 756-3434  
**Email:** [dyork@spbla.com](mailto:dyork@spbla.com)

**V. PROCEDURES FOR REQUESTING REASONABLE ACCOMMODATIONS:**

It is the responsibility of the qualified individual with a disability to request a reasonable accommodation(s) when needed. To do so, the individual:

- May initiate a request either verbally or in writing. If in writing, the qualified individual with a disability should complete the Request for Accommodation Form. If the individual needs assistance to complete the request form, SPBLA will provide such assistance;
- Must submit the request to the appropriate person for the nature of the accommodation requested (as further explained below); and
- Must timely and cooperatively participate in the interactive process (as further described therein).

If the accommodation request is from a State Agency employee, he/she may be required, as part of the interactive process, to provide the ADA Coordinator with medical documentation from their health care provider describing the nature of the disability and the functional limitations thereof.

**a. Employment (Title I)**

**i. Application/Testing Process**

A qualified individual with a disability may address an accommodation request relative to the application and/or testing process to the following, dependent upon the Job Type indicated on the vacancy announcement:

1. **For Classified Jobs:** Contact State Civil Service, Testing and Recruiting Office at (225) 925-1911. For more information regarding accommodations, applicants may go to:

<https://jobs.civilservice.louisiana.gov/TestInformation/Accommodations.aspx>

2. **For Unclassified Jobs:** Contact the State Agency representative identified in the vacancy announcement for the job being sought. The State Agency representative shall notify and collaborate with the ADA Coordinator to address the accommodation request.

ii. **Interview Process**

If contacted for an interview, a qualified individual with a disability should notify the hiring manager at that time if an accommodation is needed in order to participate in the interview and, if so, the nature of the accommodation. The hiring manager shall notify and collaborate with the ADA Coordinator to address the accommodation request.

iii. **Performance of Essential Functions**

A qualified individual with a disability may address an accommodation request related to the performance of the essential functions of a job to the following:

1. If needed prior to or at the time of hire for a position, the accommodation request should be submitted to the person with whom the individual interviewed.
2. If employed by SPBLA and needed for the current job held, the accommodation request should be addressed to the immediate supervisor.

The interviewer or immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such requests must include the duties the individual is unable to perform, and the accommodation(s) requested. Such accommodations may include job restructuring, use of accrued paid leave (or once exhausted, unpaid leave), modified or part-time work schedules, acquiring equipment or reassignment.

iv. **Benefits and Privileges of Employment**

An employee seeking an accommodation related to the benefits and/or privileges associated with employment should notify the immediate supervisor. The immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such requests should include the benefits and/or privileges of employment in which the individual is unable to participate, and the accommodation requested. Such accommodations may include restructuring work areas, lunchrooms, break rooms, training rooms and restrooms to make them available and accessible to all employees.

**NOTE:** Guidelines that govern facility standards are based on the date of original construction. Additional guidelines may apply when renovations or alterations are undertaken. SPBLA shall coordinate construction and renovation in conjunction with

appropriate state departments, as well as building code, regulatory and leasing entities, as applicable.

**v. Pregnancy, Childbirth or Related Medical Condition**

In accordance with La. R.S. 23:341-342, an applicant or employee with limitations arising from pregnancy, childbirth or related medical conditions may request an accommodation to the immediate supervisor. The immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such accommodations may include but are not limited to providing more frequent, compensated break periods; providing a private place, other than a bathroom stall, for purposes of expressing breast milk; modifying food or drink policy; and other accommodations that permit the individual to reduce or eliminate the need for leave.

**NOTE:** Accommodation requests and information collected during the associated interactive process shall be limited to only those individuals with a business need-to-know.

**b. Effective Communication (Title II)**

A qualified individual with a speech, hearing or vision impairment may request an accommodation to the ADA Coordinator and shall be furnished with appropriate auxiliary aids and services so that the individual can participate equally in SPBLA's programs, services, and activities. Such auxiliary aids may include qualified sign language interpreters, documents in Braille and other ways of making information and communication accessible. Anyone who requires an auxiliary aid or service for effective communication should contact the ADA Coordinator as soon as possible but no later than 48 hours before the scheduled event.

**c. Modifications to Policies, Procedures, or Facilities (Title II)**

A qualified individual with a disability seeking modifications to policies, procedures, or facilities for equal opportunity to enjoy SPBLA's programs, services and activities should contact the ADA Coordinator. Such requests should include the specific program, service, or facility that the individual is unable to access, and the accommodation(s) requested.

**VI. EVALUATION OF ACCOMMODATION REQUESTS:**

Upon receipt, the individual to whom an accommodation request was submitted must immediately notify the ADA Coordinator. The ADA Coordinator shall:

- Document the request, if not submitted in writing by the Requestor, on the Request for Accommodation Form;
- Notify the Requestor, if he/she is a current SPBLA employee, whether a completed Medical Inquiry Form from a health care provider is required;
- Engage in an interactive process involving consultation with the Requestor, the treating physician (if applicable) and agency management;

- Confer with the Louisiana Rehabilitation Services and/or Job Accommodation Network (JAN), as deemed appropriate, to help evaluate the availability of accommodation options and resources related thereto;
- Where appropriate, discuss any alternative, equally effective accommodations with the Requestor;
- Recommend to, and secure approval from, the Appointing Authority as to the final determination of the accommodation request; and
- Notify the Requestor, in writing, of the final determination, including information regarding the internal grievance procedure.

Individuals with disabilities are encouraged to suggest accommodations based upon their own life and/or work experiences. Such requested accommodations will be duly considered. Nonetheless, SPBLA reserves the right to select an equally effective accommodation that may be less expensive or impactful on business operations. All accommodation requests will be evaluated thoroughly and objectively on a case-by-case basis.

#### **VII. INTERNAL COMPLAINT PROCEDURE:**

The following internal grievance procedures are available to individuals with disabilities for resolution of complaints regarding the disposition of an accommodation request or asserting any action that would be prohibited by the ADA:

- a. **Employees:** SPBLA employees may file an internal grievance in accordance with Policy No. 3, Grievances, and elevate the complaint directly to Step 3.
- b. **Applicants or General Public:** Complaints regarding the application/testing/interview process or accessibility of a program, service, or activity of SPBLA may be addressed to the Chairman of the Board by writing to: 11304 Cloverland Ave. Baton Rouge, La 70809; or calling (225) 756-3434.

#### **VIII. PROTECTIONS:**

No individual shall be discriminated or retaliated against, coerced, intimidated, threatened, harassed, or interfered with for:

- Making an accommodation request;
- Opposing any act or practice made unlawful by the ADA;
- Filing a charge, testifying, assisting or otherwise participating in an investigation, proceeding or hearing to enforce any provision of the ADA;
- Aiding or encouraging another individual in the exercise of any right granted or protected by the ADA; or
- Having a family, business, social or other relationship or association with an individual with a known disability.

**IX. PUBLIC NOTICE:**

To ensure accessibility by all interested persons, this policy shall be made available on the SPBLA's public website located at [www.spbla.com](http://www.spbla.com), as well as a notice posted conspicuously for access by the public in each of the SPBLA's facilities.

**X. DOCUMENTATION:**

Forms associated with this policy are available at [www.spbla.com](http://www.spbla.com) or by request to the ADA Coordinator.

- Request for Accommodation Form
- Medical Inquiry Form

**XI. CONFIDENTIALITY:**

All documentation obtained as part of an accommodation request, including medical and other relevant information, shall be maintained as confidential records, separate from the employee's personnel file, and subject to disclosure only as allowed by law or with the individual's permission.

**XII. ADDITIONAL RESOURCES:**

For additional resources, individuals with disabilities may contact Rikki Nicole David, State ADA Coordinator, at [rikki.david@la.gov](mailto:rikki.david@la.gov) or (225) 342-1243.

Individuals may also contact or file a complaint with the following:

- U.S. Equal Employment Opportunity Commission (EEOC) pursuant to Title I (29 CFR § 1630.1 – 1630.16) at 1-800-669-4000, 1-800-669-6820 (TTY for Deaf/Hard of Hearing callers only) or 1-844-234-5122 (ASL Video Phone for Deaf/Hard of Hearing callers only).
- Louisiana Commission on Human Rights pursuant to La. R.S. 23:323 et seq at 225-342-6969;  
or
- U.S. Department of Justice (DOJ), Civil Rights Division, pursuant to Title II (28 CFR § 35.101 – 35.190) at 202-514-3847 or 202-514-0716 (TTY for Deaf/Hard of Hearing callers only).

Be advised that strict time limitations apply for filing complaints with these governmental agencies.

**REQUEST FOR ACCOMMODATION FORM**

Please refer to the State Plumbing Board's ADA Policy for additional information.

**CONFIDENTIALITY STATEMENT:**  
A request for accommodation, including medical and other relevant information, is privileged, and may only be released as appropriate to individuals with a business need to know.

**SECTION 1: REQUESTOR INFORMATION**

Requestor's Name: \_\_\_\_\_

Requestor is (check only one):  SPBLA Employee  SPBLA Job Applicant  Visitor / Public

Requestor's Email Address: \_\_\_\_\_

Requestor's Phone #: \_\_\_\_\_

If Requestor is an employee, also provide: Job Title: \_\_\_\_\_

Division/Unit: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**SECTION 2: REQUESTED ACCOMMODATION** (Attach a separate sheet if additional space is needed)

A. Please describe the nature of your disability and the functional limitations resulting therefrom.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Check the type of accommodation requested. Use the lines provided to further explain the reason for the requested accommodation. (Attach a separate sheet if additional space is needed)

| Accommodation Type: |  |
|---------------------|--|
| 1.                  | <input type="checkbox"/> Access to Programs, Services or Facilities<br>Identify the specific program, service or facility for which access is needed:<br>_____<br>_____<br>_____   |
| 2.                  | <input type="checkbox"/> Modification to Policies, Procedures, or Examinations<br>Identify the specific policy, procedure, or examination for which an accommodation is requested:<br>_____<br>_____<br>_____                  |
| 3.                  | <input type="checkbox"/> Effective Communication<br>Identify the Date/Time/Location for which an auxiliary aid is requested:<br>(Must be requested no later than 48 hours before scheduled events.)<br>_____<br>_____<br>_____ |



|    |  |
|----|--|
| 4. | <input type="checkbox"/> <b>Application/Testing Process (SPBLA Employee/Job Applicants Only)</b><br>Explain the specific application/testing requirement for which accommodation is requested:<br><hr/> <hr/> <hr/>                        |
| 5. | <input type="checkbox"/> <b>Participating in a Job Interview (SPBLA Employee/Job Applicants Only)</b><br>Identify the Date/Time/Location of the job interview for which an accommodation is requested:<br><hr/> <hr/> <hr/>                |
| 6. | <input type="checkbox"/> <b>Performance of Essential Functions (SPBLA Employee/Job Applicants Only)</b><br>Explain the job duties for which accommodation is requested:<br><hr/> <hr/> <hr/>   |
| 7. | <input type="checkbox"/> <b>Benefits/Privileges of Employment (SPBLA Employee/Job Applicants Only)</b><br>Explain the benefits or privileges of employment for which accommodation is requested:<br><hr/> <hr/> <hr/>                      |
| 8. | <input type="checkbox"/> <b>Pregnancy, Childbirth or Related Condition (SPBLA Employee/Job Applicants Only)</b><br>Explain how pregnancy, childbirth or a related condition affects your ability to perform your job:<br><hr/> <hr/> <hr/> |

C. Describe the accommodation(s) requested. *(Identify specific auxiliary aid requested, if applicable)*

---

---

---

---

---

---

---

---

---

---

---

---

Requestor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY AGENCY ADA COORDINATOR**

**CONFIDENTIALITY STATEMENT:**  
A request for accommodation, including medical and other relevant information, is privileged, and may only be released as appropriate to individuals with a business need to know.

**a. Process Tracking:**

1. Date the Request for Accommodation was prepared/signed by Requestor: \_\_\_\_\_
2. Date the Request for Accommodation was received by ADA Coordinator: \_\_\_\_\_
3. Date of initial contact with Requestor (*initiate interactive process*): \_\_\_\_\_
4. Date(s) of follow-up contact with Requestor: \_\_\_\_\_
5. Date the Request for Accommodation was discussed with Appointing Authority: \_\_\_\_\_
6. If applicable, date the alternative accommodation(s) was discussed with Requestor: \_\_\_\_\_
7. Date Requestor was notified of final accommodation determination: \_\_\_\_\_
8. Date Requestor was notified of internal grievance procedure: \_\_\_\_\_

b. Is there an equally effective accommodation(s), other than the one requested, that would satisfy the request? (*Consult with [www.askian.org](http://www.askian.org) or Louisiana Rehabilitation Services, if necessary*)  Yes  No

If Yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Was an accommodation granted?  Yes (*Proceed to section d. below*)  NO (*Proceed to section e. below*)

**d. Accommodation Granted:**

Was the accommodation granted the same as the one requested?  Yes  No

If an alternative, equally effective accommodation was granted, explain the reason this option was selected rather than the one requested. (*Reason for alternative accommodation should be fully documented.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**e. Denial of Accommodation:**

Check reason for denial and provide further explanation below. (*Denials should be fully documented.*)

ADA Title I (for employees / applicants)

- Requestor is not a "qualified individual" (See Definition in agency policy)
- Accommodation would pose an undue hardship to the agency
- Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

ADA Title II (for visitor / public)

- Requestor is not a "qualified individual" (See Definition in agency policy)
- Accommodation would fundamentally alter the nature of the agency's service, program or activity
- Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADA Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_